

69/647279

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| POSITION                         | INITIALS | ID NO. | DATE |
|----------------------------------|----------|--------|------|
| <b>FEE DETERMINATION</b>         |          |        |      |
| <b>O.I.P.E. CLASSIFIER</b>       |          |        |      |
| <b>FORMALITY REVIEW</b>          |          |        |      |
| <b>RESPONSE FORMALITY REVIEW</b> |          |        |      |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

| Claim    | Date                             |
|----------|----------------------------------|
| Final    |                                  |
| Original | 01 06 12<br>24 06 15<br>02 03 03 |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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